

Contract Manager and
Location/Building: Kristi Broessel
Contract #: 2014-2043

**Amendment No. 3 to the
Agreement Between
Michigan Department of Community Health
and
Real Alternatives
for
Michigan Pregnancy and Parenting Support Services Program**

1. Period of Agreement

This agreement shall commence on October 1, 2013 and continue through September 30, 2015. This agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount

This amendment does not change the total or Department's original agreement amount.

3. Amendment Purpose

The purpose of the amendment is to modify the budget categories to reflect current spending, as shown on the Attachment B budget pages.

4. Original Agreement Conditions

It is understood and agreed that all other conditions of the original agreement remain the same.

5. Special Certification

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or Grantee.

6. Signature Section

For the Michigan Department of Community Health

Kristi Broessel

Kristi Broessel, Director, Grants and Purchasing Division

4/28/15

Date

For the GRANTEE:

KEVIN I. BAGATTA

Name (print)

PRESIDENT & CEO

Title (print)

Kevin I. Bagatta

Signature

4/22/15

Date

PROGRAM BUDGET SUMMARY

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use WHOLE DOLLARS Only

ATTACHMENT B.1

PROGRAM Michigan Pregnancy & Parenting Support Services			DATE PREPARED 4/10/2015	Page 1	Of 1
CONTRACTOR NAME Real Alternatives			BUDGET PERIOD From: Oct. 1, 2013 To: Sep. 30, 2015		
MAILING ADDRESS (Number and Street) 7810 Allentown Blvd, Ste 304			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL	AMENDMENT # 3	
CITY Harrisburg	STATE PA	ZIP CODE 17112	FEDERAL ID NUMBER 23-2868660		
EXPENDITURE CATEGORY				TOTAL BUDGET (Use Whole Dollars)	
1. SALARY & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
Administrative Expenses	\$105,000			\$105,000	
Services Expenses	\$595,000			\$595,000	
8. (Sum of Lines 1-7)	\$700,000			\$0	\$0
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
10. TOTAL EXPENDITURES	\$700,000			\$0	\$0

SOURCE OF FUNDS:

11. FEES & COLLECTIONS				
12. STATE AGREEMENT	\$700,000			\$700,000
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	\$700,000			\$0

AUTHORITY: P.A. 368 of 1978

The Department of Community Health is an equal opportunity

COMPLETION: Is Voluntary, but is required as a condition of funding.

employer, services and programs provider.

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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PROGRAM Michigan Pregnancy & Parenting Support Services		BUDGET PERIOD		DATE PREPARED	
		From: Oct. 1, 2013	To: Sep. 30, 2015	4/10/2015	
CONTRACTOR NAME Real Alternatives		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 3	
1. SALARY & WAGES: POSITION DESCRIPTION		COMMENTS		POSITIONS REQUIRED	TOTAL SALARY
President & CEO					\$ 26,700
Vice President - Administration					\$ 5,423
Assistant Director of Finance					\$ 1,777
Accountant					\$ 2,600
Bookkeeper					\$ 1,400
Accrued Vac & Sick					\$ 238
				1. TOTAL SALARY & WAGES:	\$ 38,138
2. FRINGE BENEFITS: (Specify)		<input checked="" type="checkbox"/> FICA <input type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> UNEMPRL <input type="checkbox"/> VISION <input checked="" type="checkbox"/> WORK COMP <input checked="" type="checkbox"/> RETIREM <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> HOSPITA <input type="checkbox"/> OTHER:spa		2. TOTAL FRINGE BENEFITS:	\$ 13,435
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				3. TOTAL TRAVEL:	\$ 3,500
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				4. TOTAL SUPPLIES & MATERIALS:	\$ 27,123
5. CONTRACTUAL: (Subcontracts/Subrecipients)					
Name	Address			Amount	
Consulting				\$ 6,000	
Legal Consulting				\$ 1,200	
				5. TOTAL CONTRACTUAL:	\$ 7,200
6. EQUIPMENT: (Specify)				Amount	
				6. TOTAL EQUIPMENT:	\$ -
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				Amount	
Communication:					
Space Cost:	Rent / Telephone			\$ 7,900	
Others (explain):				\$ 1,300	
	Audit			\$ 5,000	
	Equip. Service Contract			\$ 500	
	Professional Development			\$ 624	
	Job Advertising / Employee Screening			\$ 280	
				7. TOTAL OTHER EXPENSES:	\$ 15,604
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)				8. TOTAL DIRECT EXPENDITURES:	\$ 105,000
9. INDIRECT COST CALCULATIONS:					
Rate #1	Base \$	x Rate	=	\$	-
Rate #2	Base \$	x Rate	=	\$	-
				9. TOTAL INDIRECT EXPENDITURES:	\$ -
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				\$	105,000
AUTHORITY: P.A. 368 of 1978				The Department of Community Health is an equal opportunity employer, services and programs provider.	
COMPLETION: Is Voluntary, but is required as a condition of funding.					
DOH-0389(E) (Rev. 06/07) (EXCEL) Previous Edition Obsolete				Use Additional Sheets as Needed	

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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Use WHOLE DOLLARS Only

PROGRAM Michigan Pregnancy & Parenting Support Services		BUDGET PERIOD		DATE PREPARED	
		From: 10/1/2013	To: 9/30/2015	4/10/2015	
CONTRACTOR NAME Real Alternatives		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 3	
1. SALARY & WAGES: POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED		TOTAL SALARY	
Vice President				\$ 21,700	
Service Provider Approval				\$ 5,100	
Quality Control Coordinator				\$ 3,000	
Service Provider Monitoring				\$ 3,000	
Toll Free				\$ 845	
Accrued Vac & Sick				\$ 118	
1. TOTAL SALARY & WAGES:				0.000	\$ 33,763
2. FRINGE BENEFITS: (Specify)					
<input checked="" type="checkbox"/> FICA	<input checked="" type="checkbox"/> LIFE INS	<input checked="" type="checkbox"/> DENTAL			\$ 10,561
<input checked="" type="checkbox"/> UNEMPL	<input checked="" type="checkbox"/> VISION INS	<input checked="" type="checkbox"/> WORKSOMP			
<input checked="" type="checkbox"/> RETIRE	<input type="checkbox"/> HEARING				
<input checked="" type="checkbox"/> HOSPIT	<input checked="" type="checkbox"/> OTHER:spc			2. TOTAL FRINGE BENEFITS: \$ 10,561	
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				\$ 4,900	
				3. TOTAL TRAVEL: \$ 4,900	
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)					
Client Education Materials				\$ 6,500	
Pregnancy Test Kits				\$ 3,500	
				4. TOTAL SUPPLIES & MATERIALS: \$ 10,000	
5. CONTRACTUAL: (Subcontracts/Subrecipients)					
<u>Name</u>	<u>Amount</u>				
Client Services	\$ 441,776				
Database Consulting	\$ 12,000				
				5. TOTAL CONTRACTUAL: \$ 453,776	
6. EQUIPMENT: (Specify)		<u>Amount</u>			
				6. TOTAL EQUIPMENT: \$ -	
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)		<u>Amount</u>			
Communication:					
Space Cost:	Services Advertising	\$ 71,000			
Others (explain):	Toll Free Referral System	\$ 1,000			
	Contract Closeout Cost	\$ 10,000			
				7. TOTAL OTHER EXPENSES: \$ 82,000	
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 595,000	
9. INDIRECT COST CALCULATIONS:					
Rate #1 Base \$	x Rate	0.00%	=	\$ -	
Rate #2 Base \$	x Rate	0.00%	=	\$ -	
				9. TOTAL INDIRECT EXPENDITURES: \$ -	
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				\$ 595,000	
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.			
COMPLETION: Is Voluntary, but is required as a condition of funding.					
DCH-0388(E) (Rev. 09/07) (EXCEL) Previous Edition Obsolete		Use Additional Sheets as Needed			